



Application for Youth Membership

Y1

V20201116

This form is to be used only if the proposed Member is under 18 years of age.

Only Group Leader or Section Leader use in this section

Scout Group					Membership Number				
Section	Joey Unit 1	<input type="checkbox"/>	Cub Unit 1	<input type="checkbox"/>	Scout Unit 1	<input type="checkbox"/>	Venturer Unit 1	<input type="checkbox"/>	
	Joey Unit 2	<input type="checkbox"/>	Cub Unit 2	<input type="checkbox"/>	Scout Unit 2	<input type="checkbox"/>	Venturer Unit 2	<input type="checkbox"/>	

Parent or Guardian to complete the following sections

Previous Membership – If none, please leave blank

Previous Scout			
Country or State		Previous membership	

Group Leader please note: If the proposed applicant has been a member in Western Australia previously, please contact the Membership Officer at Branch HQ so the previous records can be reactivated.

Personal Information of Youth Member

First Name		Middle Name	
Last Name		Preferred Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	Country of Birth	
Date of Birth			

Addresses

Home Address	
Suburb	
Postal Address	
Suburb	

Contact Details

Home Phone	Silent? <input type="checkbox"/>	Mobile	Silent? <input type="checkbox"/>
Email			

Does your child to have a disability, impairment or long-term condition?

This will not prevent their participation in Scouting, but will better help the Leader meet your child's

Yes No

If YES please detail below

Behavioural Cognitive Developmental Intellectual Learning Other (please detail)

Neurological Physical Sensory Social or at risk

School Details

Child's School	
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Parent/Guardian Details

The person listed in field number one (1) will receive the annual Membership Fees and all notifications and correspondence

	Parent / Guardian 1	Parent / Guardian 2
Relationship to Child		
First Name		
Middle Name		
Last Name		
Gender		
Home Phone	Silent? <input type="checkbox"/>	Silent? <input type="checkbox"/>
Work Phone		
Mobile		
Email		
Occupation		
Home Address		
Postal Address		

(if different)		
Skills or hobbies		
Volunteer service	<input type="checkbox"/> Become a Leader <input type="checkbox"/> Parent helper <input type="checkbox"/> Become a committee member <input type="checkbox"/> Assist with award scheme <input type="checkbox"/> Assist at working bees <input type="checkbox"/> Transport for camps <input type="checkbox"/> Transport for outings <input type="checkbox"/> Teach youth special skills <input type="checkbox"/> Have a tow bar <input type="checkbox"/> Use of a trailer <input type="checkbox"/> Already a past member	<input type="checkbox"/> Become a Leader <input type="checkbox"/> Parent helper <input type="checkbox"/> Become a committee member <input type="checkbox"/> Assist with award scheme <input type="checkbox"/> Assist at working bees <input type="checkbox"/> Transport for camps <input type="checkbox"/> Transport for outings <input type="checkbox"/> Teach youth special skills <input type="checkbox"/> Have a tow bar <input type="checkbox"/> Use of a trailer <input type="checkbox"/> Already a past member
Sensitive Custody Issues	Yes <input type="checkbox"/> (If yes, please discuss with your Section Leader and sign below) No <input type="checkbox"/>	
Parent Signature		If yes, Section Leader Signature
Group Leader informed	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Demographical Questions

Is your child of Aboriginal or Torres Strait Islander origin?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your child from a Non-English speaking background?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Scouts WA Liability Statement (Waiver)

In consideration for being allowed to enter and participate in any activity or program at any place or site where any Scouts WA activity or program is conducted, the undersigned (**Member**) has read and agrees to the terms of the Scouts WA Liability Statement (Waiver) located at <https://scoutswa.com.au/wp-content/uploads/2019/11/Scouts-WA-Liability-Statement.pdf>.

Agreement and Medical Authority

Privacy Policy

Personal information that we collect about you is primarily for the purpose of considering your application for membership of Scouts WA. This information will be treated strictly in accordance with Scouts WA Privacy Policy. A copy of that Privacy Policy is located at <https://scoutswa.com.au/wp-content/uploads/2019/07/Scouts-WA-Privacy-Policy.pdf>. At any time upon request, you may gain access to the information Scouts WA holds about you in accordance with the *Privacy Act 1988 (Cwth)* and the National Privacy Principles. Scouts WA will search other databases for information connected with this application.

Use of Images

By applying for membership it is accepted that photos of the applicant may be used for promotional purposes and on Scouts WA managed media channels. It is also accepted that it is impossible for Scouts WA to guarantee that photos will not be used on external sites or Scouts WA media sites.

Medical Authority

I further authorise any Member, employee or agent of Scouts WA, in the event of any accident or illness, to obtain medical assistance or treatment for the applicant as may be considered necessary. This includes to engage any doctors' or nurses' assistance and to request ambulance transport and/or hospital accommodation. In this event, I agree to pay Scouts WA on demand all such doctors' fees, nurses' fees, ambulance fees, hospital fees and other expenses.

I have a copy and read and agreed to the terms of the above Scouts WA Liability Statement Waiver and the above the Scouts WA Privacy Policy, Use of Images and the Medical Authority.

Signature of Parent Guardian		Printed Name	
Relationship to Child (Parent / Guardian / Care Giver)		Date	